

CALGB: ROSTER UPDATE REQUEST FORM

CALGB Form: A-001

INSTRUCTIONS: Complete form and submit to the CALGB Central Office via fax at (312) 345-0117.

A copy of a Certification of Human Subject Protection Training and a completed Scientific Misconduct form must be submitted for all participants being added to the CALGB roster. Additional required documents for investigators include: CV or NIH Biosketch, Letter of Support from PI, 1572, Financial Disclosure Form.

Action (Mark one with an X.) Addition Correction/Update Deletion

NCI Investigator's Identification No. _____ CTEP I.D. _____

Name _____
Last First M.I. Suffix (e.g., Jr., III)

Salutation _____ Degree _____ Sex Male Female
(e.g., Mr., Mrs., Dr., Dean) (e.g., MD, DDS, Ph.D., BSN)

Race White Native Hawaiian or Other Pacific Islander Asian
 Black or African American American Indian or Alaskan Native Unknown

Institutional Role Investigator Oncology Nursing Surgical Coordinator
 Principal Investigator Pathology Coordinator Transplant Coordinator
 Responsible Investigator Pharmacist Transplant Director
 CRA Pharmacy Coordinator Administrative
 Lead CRA Psycho-Oncology Coordinator Institutional Laboratory Technician
 Secondary Lead CRA Radiation Oncology Coordinator Investigative Laboratory Technician
 Surgical CRA Fellow/Post Doc Repository Laboratory Technician
 Cytogeneticist

Specialty Hematology Cytogenetics Oncology Nursing Immunology
 Oncology Statistics Data Management Radiation Oncology
 Surgery Psychiatry Pharmacy Psycho-Oncology
 Pathology Epidemiology Administration CCHO/Cancer Control
 Other, specify: _____

Institution(s) participant is associated with:

Receive Broadcast? No Yes

Institution Name: _____ NCI ID: _____

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Institution Name: _____ NCI ID: _____

Will the participant be performing the duties of registrar?

No Yes, please have the PI sign below.

Principal Investigator Name (Please print) _____

Principal Investigator Signature _____ / ____ / ____

Lead CRA Signature _____ Phone Number: _____